

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 86683PAL
Customer No. 01333**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

EMISSIVE INDICATOR DEVICE

First Named Inventor (or Application Identifier):

Cheryl J. Brickey, et al

Enclosed are:

1. <input checked="" type="checkbox"/> Specification	6. <input checked="" type="checkbox"/> Assignment of the invention to Eastman Kodak Company
2. <input checked="" type="checkbox"/> 5 Sheet(s) of drawing(s)	7. <input type="checkbox"/> Certified copy of a priority
3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97.	8. <input type="checkbox"/> Associate Power of Attorney
4. Combined Declaration for Patent Application and Power of Attorney:	
4a. <input checked="" type="checkbox"/> New	
4b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)	

5. Incorporation by Reference (useable if Box 4b is

checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. Continuation Divisional Continuation-in-part (CIP) of prior application No. ,

12. Please address all written communications to Paul A. Leipold, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Paul A. Leipold at 585-722-5023.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	29	- 20 =	9 x 18 =	\$ 162
INDEPENDENT CLAIMS	1	- 3 =	-2 x 86 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			TOTAL	\$ 932

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 932**

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

A duplicate copy of this sheet is enclosed.

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